

SOUTHEASTERN
telehealth
RESOURCE CENTER

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Proud Member of The National Consortium of Telehealth Resource Centers

Disclosure

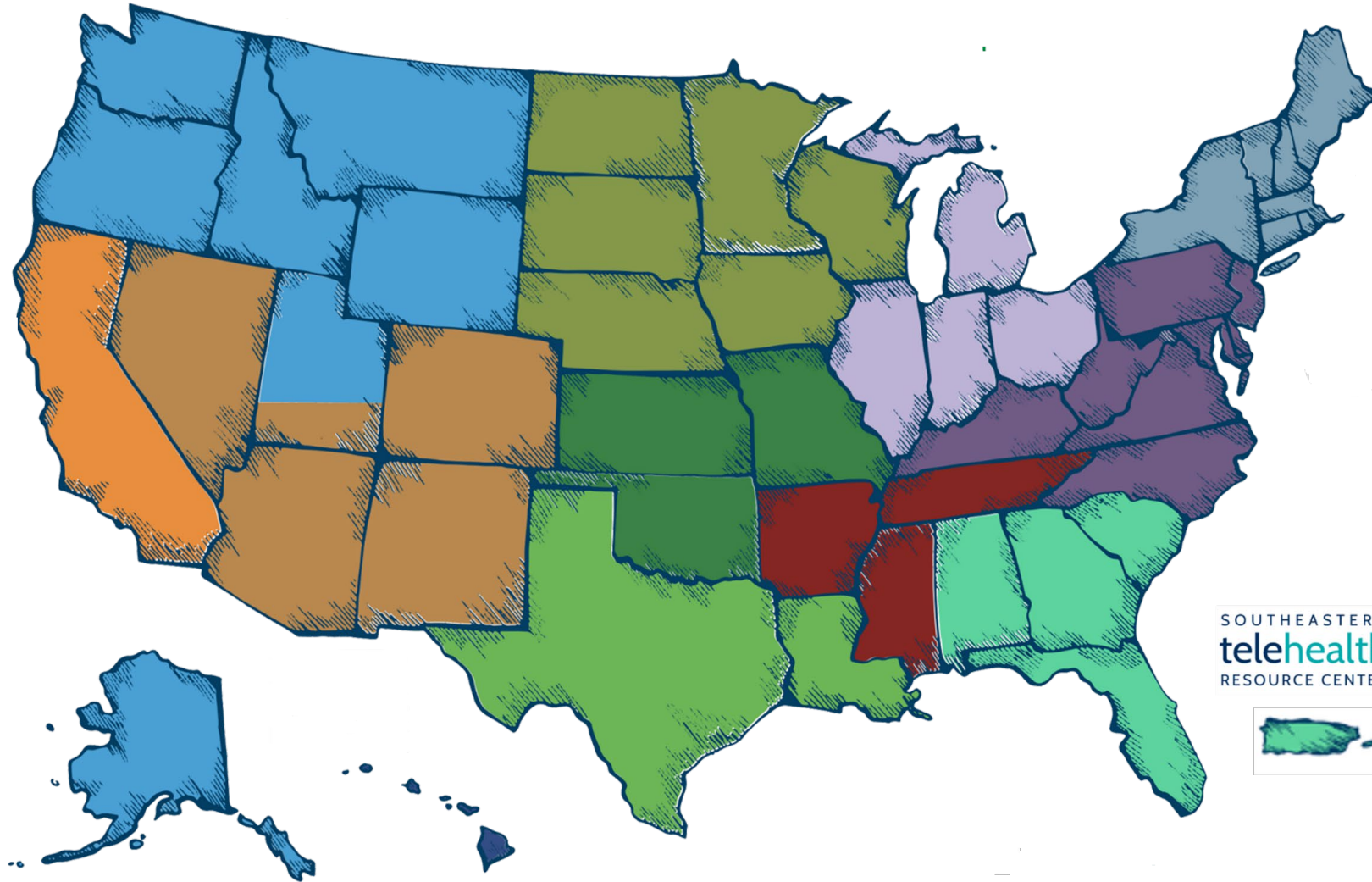
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Always consult with legal counsel.

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS

 **TTAC**
TelehealthTechnology.org

 **CCHP**

2 NATIONAL RESOURCE CENTERS

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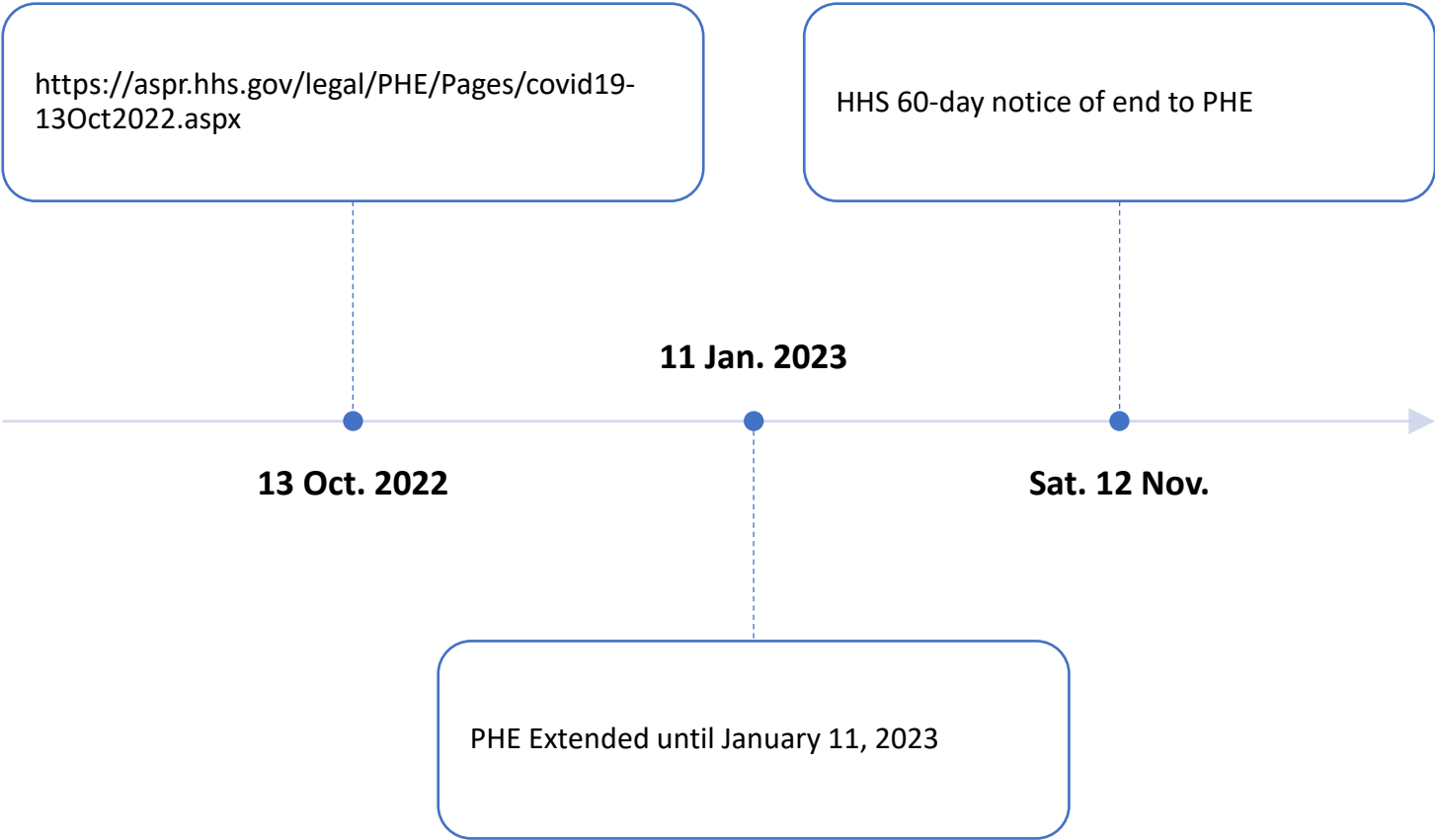
Resources

www.telehealthresourcecenter.org

www.setrc.us

ww.cchpca.org

Federal PHE Extended



<https://telehealthresourcecenter.org/news/preparing-for-the-end-of-the-phe-provider-communication/>

Preparing for the PHE End

Telehealth Key Dates



Provider Communication

All dates below are anticipated

Oct. 13, 2022
PHE Waiver Extension

PHE extended
until Jan. 11, 2023.
Let your providers know you are on top of this and will keep them posted!

Nov. 12, 2022
White House Notification of PHE End

Providers may be worried this means the end of telemedicine-*remind them of the 151-day extension!*

December 2022
CMS Releases PFS CY23 Final

Providers unsure if this means telehealth is still permissible in the home for Medicare pts. *Send a memo!*

Jan. 1, 2023
PFS CY23 Effective

What does this mean?
Reassure providers that home is a Medicare-covered service under the waiver AND of the 151-day extension. Give them a heads up about any modifiers or workflow changes.

Jan. 11, 2023
PHE ends - 151-Day Flexibilities Begin

Reassure providers that nothing changes right now except perhaps their video platform. *Double check your allowable Medicare provider types.*
Here is a [handy grid](#).

Jan. 11, 2023
HIPAA Waiver Ends

Providers must use HIPAA secure, BAA covered video platforms and patient communication.

See [OCR FAQs](#).

June 2023
151-Day Flexibilities End

PFS CY23 rules now apply but *some PHE codes remain in effect.*
[Check the CMS list.](#)

Dec. 31, 2023

Last remaining telehealth waiver codes expire. PFS CY24 goes live tomorrow.

The information and tools presented on the National Consortium of Telehealth Resource Centers (NCTRC) website should not be considered as legal advice or interpretation of laws, regulations and policies. NCTRC is providing this for informational and educational purposes only. NCTRC strongly encourages you to check with the appropriate state agency or other applicable authority for further information and direction and to seek the advice of legal counsel if you are in need of a legal opinion.

Terminology

You'll often hear **Telehealth** and **Telemedicine**. These terms are sometimes used interchangeably. What's the difference?

- **Telehealth:** Telehealth is an umbrella term, which includes telemedicine and other modalities of communication. It encompasses a broader spectrum of healthcare delivery.
- **Telemedicine:** Telemedicine is direct clinical care provided from a distance using electronic communication to provide/support clinical care.
- **Other Terms:** You may hear other terms frequently used when discussing telehealth such as eHealth, mHealth, digital care, etc. We will focus on the terms, “telehealth” and “telemedicine”.

DTP
DTC

Direct-to-patient

- Built out of an existing practice
- Established relationship
- Established billing system in place
- Not as big of a need to market

Direct-to-consumer

- No insurance payers involved
- No brick and mortar
- Need for marketing

Benefits of Telemedicine

Improved access to care (especially specialty care)

Addresses health care provider shortage

Reduce unnecessary trips to the ER

Reduces provider and patient travel time and costs

Patients can receive healthcare locally, especially in rural/heavily populated areas

Key Considerations

Have a plan – Failure to plan is a plan to fail.

Your Website is Key (Look, Feel, SEO)

Social Media

Advertising: Target Demographic

Word of mouth



OVERVIEW

*Remember the WHO,
WHAT, WHEN, and
WHERE of communication*



WHO

Who is the target of your communications, and why should they care?



WHAT

What content is appropriate for the target audience?



WHEN

How long do you have to communicate?



WHERE

Where are your target audiences located and most likely to be receptive?



WHO

Who is the target of your communications, and why should they care?



[Understanding Your Audience \(CDC\)](#)

[Common Public Health Audiences](#)

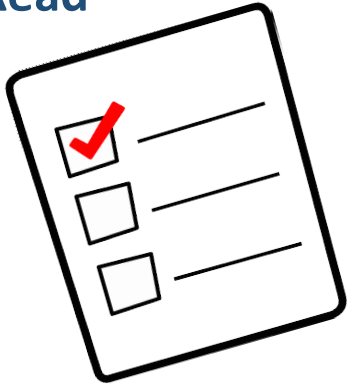


[Developing & Testing Materials](#)

The 3 A's: Accurate, Accessible, Actionable

Marketing to Youth

Use Bullets/Quick Read



Keep it simple!

Short Videos



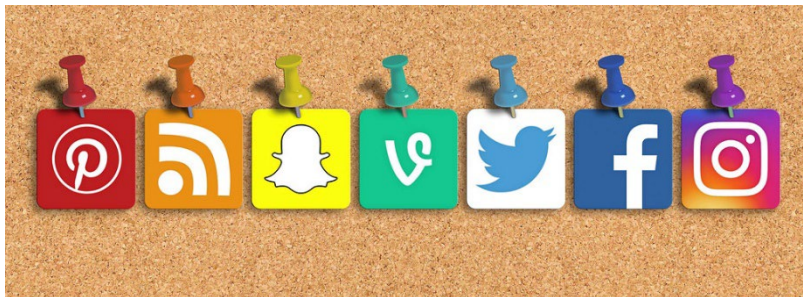
Use QR Codes



No "Faces"



Social Media





WHAT

What content is appropriate for the target audience?

- One audience that requires a unique communication strategy = general public or population
- One property of this audience that is often overlooked is ***literacy***
 - 54% of American adults are below a 6th grade reading level
 - 21% of American adults are Level 1 literate



WHAT

What content is appropriate for the target audience?

- In-person outreach is ideal
- If you must use virtual communications, consider the following strategies:
 - Plain language & simple terminology
 - Universal visual symbols



WHERE

Where are your target audiences located and most likely to be receptive?

- Identify places where your target population frequently appears
 - [Example: Androscoggin Telehealth Services](#)
- Sometimes, outside assistance is required
 - Collaboration with other organizations
 - [Cross-Sector Collaboration \(CDC\)](#)



Be Innovative

Join a Workgroup

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